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**Psychological & Educational Services, LLC**  
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**Diane L. Whipple, Ph.D.**

## **NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

**PLEASE REVIEW THIS NOTICE CAREFULLY.**

Your health record contains personal information about you and your health. This information, which may identify you and relates to your past, present or future physical or mental health or condition and related health care services, is referred to as Protected Health Information (“PHI”). This Notice of Privacy Practices describes how Dr. Whipple and clinicians employed by her may use and disclose your PHI in accordance with applicable law. It also describes your rights regarding how you may gain access to and control your PHI.

Dr. Whipple and employed clinicians are required by law to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI. We are required to abide by the terms of this Notice of Privacy Practices. Dr. Whipple reserves the right to change the terms of the Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that is maintained at that time. She will provide you with a copy of the revised Notice of Privacy Practices by posting a copy on her website, sending a copy to you in the mail upon request, or providing one to you at your next appointment.

### **HOW DR. WHIPPLE AND EMPLOYED CLINICIANS MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:**

**For Treatment.** Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. This includes consultation with clinical supervisors or other treatment team members. Dr. Whipple and employed clinicians may disclose PHI to any other consultant only with your authorization.

**For Payment.** Dr. Whipple and employed clinicians may use or disclose PHI so that they can receive payment for the treatment services provided to you. This will only be

done with your authorization. Examples of payment-related activities are: making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities. If it becomes necessary to use collection processes due to lack of payment for services, they will only disclose the minimum amount of PHI necessary for purposes of collection.

**For Health Care Operations.** Dr. Whipple and employed clinicians may use or disclose, as needed, your PHI in order to support business activities including, but not limited to, quality assessment activities, reminding you of appointments, to provide information about treatment alternatives or other health related benefits and services, licensing, and conducting or arranging for other business activities. For example, we may share your PHI with third parties that perform various business activities (e.g., billing or typing services) provided we have a written contract with the business that requires it to safeguard the privacy of your PHI. For training or teaching purposes PHI will be disclosed only with your authorization.

**Required by Law.** Under the law, Dr. Whipple and employed clinicians must make disclosures of your PHI to you upon your request. In addition, we must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining our compliance with the requirements of the Privacy Rule.

**Following is a list of the categories of uses and disclosures permitted by HIPAA without an authorization.**

**Abuse and Neglect  
Emergencies  
National Security**

**Judicial and Administrative Proceedings  
Law Enforcement  
Public Safety (Duty to Warn)**

**Without Authorization.** Applicable law and ethical standards permit Dr. Whipple and employed clinicians to disclose information about you without your authorization only in a limited number of other situations. The types of uses and disclosures that may be made without your authorization are those that are:

- Required by law, such as the mandatory reporting of child abuse or neglect or mandatory government agency audits or investigations (such as state licensing boards or health department)
- Required by Court Order
- Necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. If information is disclosed to prevent or lessen a serious threat, it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.

**Verbal Permission.** Dr. Whipple and employed clinicians may use or disclose your information to family members that are directly involved in your treatment with your verbal permission.

**With Authorization.** Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked.

## **YOUR RIGHTS REGARDING YOUR PHI**

You have the following rights regarding your personal PHI maintained by our office.

**Right of Access to Inspect and Copy.** You have the right, which may be restricted only in exceptional circumstances, to inspect and copy PHI that may be used to make decisions about your care. Your right to inspect and copy PHI will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you. Dr. Whipple and employed clinicians may charge a reasonable, cost-based fee for copies.

**Right to Amend.** If you feel that the PHI Dr. Whipple and employed clinicians have about you is incorrect or incomplete, you may ask us to amend the information, although we are not required to agree to the amendment.

**Right to an Accounting of Disclosures.** You have the right to request an accounting of certain of the disclosures that Dr. Whipple and employed clinicians make of your PHI. We may charge you a reasonable fee if you request more than one accounting in any 12-month period.

**Right to Request Restrictions.** You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. We are not required to agree to your request.

**Right to Request Confidential Communication.** You have the right to request that Dr. Whipple and employed clinicians communicate with you about medical matters in a certain way or at a certain location.

**Right to a Copy of this Notice.** You have the right to a copy of this Notice.

### **Electronic Transactions Standards.**

## **COMPLAINTS**

If you believe Dr. Whipple or employed clinicians have violated your privacy rights, you have the right to file a complaint with the Secretary of DHHS. DHHS requires that all complaints be in writing and signed. You may mail your letter and any supporting documents to: **Rhode Island Department of Health, Complaint Unit, Room 205, 3 Capitol Hill, Providence, RI 02908**. The Complaint Unit of DHHS can also send you a complaint form to complete by calling: (401) 222-5200. Please also submit any complaint to Dr. Whipple by mail (1351 South County Trail, Build 1, Suite 110, East Greenwich, Rhode Island 02818). A complaint must name the subject of the complaint and describe the acts or omissions believed to be in violation of the applicable requirements of HIPPA or this Notice of Privacy Practices. A complaint must be received by Dr. Whipple or filed with the Secretary of DHHS within 180 days of when you knew or should have known that the act or omission complained of occurred. **Dr. Whipple and employed clinicians will not retaliate against you for filing a complaint. The effective date of this Notice is \_\_\_\_\_.**